

PIÉRY (*Gaz. hebdom. de Méd. et de Chir.*, No. 56, 1896) speaks highly of the therapeutic action of nascent carbonic acid in gonorrhœal affections of the female genital tract. He employs a mixture consisting of seven parts of bicarbonate of sodium and six parts of tartaric acid. An ounce of this powder is introduced into the vagina through a cylindrical speculum, or in a gauze bag. Tartrate of sodium and carbonic acid result from the combination; the latter has an anæsthetic effect, quickly relieving the local irritation, while the tartaric acid renders the vaginal secretion strongly acid, thus cutting short the period of vitality of the gonococci.

KINES (*Centralblatt für Gynäkologie*, No. 21, 1897) makes a novel suggestion with reference to the treatment of gonorrhœa of connective tissues. He advises permanent irrigation of the affected parts with water at a temperature of 40° C. He also places the patient in a bath of the same degree for twelve hours, the idea being to keep the entire body temperature so high as actually to kill the gonococci, which, he maintains, can be effected without any marked general disturbance.

Acute Intercurrent Enlargement of the Ovaries.—GOTTSCALK (*Deutsche med. Wochenschrift*, No. 50, 1896) reports the following interesting phenomena noted in four cases after curettement with a sharp instrument for the relief of simple menorrhagia, previous examination having demonstrated the fact that the adnexa were normal. Convalescence was afebrile, and the patients were discharged cured. From one to three weeks later, corresponding to the time of menstruation (which, however, did not appear) the patients were suddenly seized with pain in one ovarian region. Examination showed that the corresponding ovary was considerably enlarged, its fellow being also larger than before, and exceedingly painful to the touch. In one instance it attained the size of an orange. The temperature was never elevated, and under rest and palliative treatment the ovaries soon returned to their normal size. With the next menstruation the phenomenon again occurred, but was less marked, and the enlarged ovaries were longer in regaining their normal size. The writer explains the condition as follows: Congestion and regeneration of the endometrium are the normal accompaniments of menstruation. When the mucosa is absent, as after curettement, there occurs a vicarious hemorrhage into the ruptured Graafian follicle, which is already closed by blood-clot; the sac becomes overdistended, hence the enlargement of the ovary and accompanying pain. Hæmatocoele may, of course, result if the pressure becomes great. Similar hemorrhages may occur into unruptured follicles. The practical importance of this condition is evident in connection with the differential diagnosis of early ectopic gestation. The absence of the pulsation usually noted in the ectopic sac is of considerable clinical value.

Nodular Forms of Tubal Disease.—BLESS (*Journal of Experimental Medicine*, vol. ii., No. 4) concludes a paper on this subject as follows: Nodular enlargement of the tube may be due to several different pathological conditions, the exact diagnosis of which can be made only after microscopical examination. Nodules may be congenital or acquired, and of inflammatory or non-inflammatory origin. They may be present at any part of the tube,

and show the characteristic anatomical structure of that part. Epithelial formations develop from the mucosa (salpingitis pseudo-follicularis), from the accessory tubes (intraparietal parasalpinx, hydro-parasalpinx), or from remains of the Wolffian body (adenomyoma). Epithelioid growths spring from the endothelium of the peritoneal covering.

Connective-tissue nodules are the result of a previous interstitial salpingitis.

Localized muscular hypertrophy may be of inflammatory or non-inflammatory origin (adenomyoma). Round-cell accumulations are due to inflammation, either specific (gonorrhœal, tuberculous), or non-specific (disseminated interstitial or purulent salpingitis).

Ectopic gestation causes epithelioid nodules through the production of pseudo-membranes.

PÆDIATRICS.

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Riga's Disease.—FEDE (*Archiv f. Kinderheilkunde*, 1897, Bd. xxxi., S. 351) describes under this name an affection frequent in Italy, two cases of which have been reported in France by Brun and by Dufournier. It appears as a small lenticular tumor, grayish in color, about two centimetres in length and a half centimetre in thickness, developed upon the lower surface and the frænum of the tongue. As it is observed almost exclusively in nurslings that have cut the lower incisors, it has been attributed to irritation of the tongue by these teeth or by the alveolar border of the lower maxilla in infants that have not yet cut them. Clinically, there are three varieties of the affection: 1. The child is in good health, and simple sublingual tumor exists. 2. The tumor, which has existed already for some time, is accompanied by another affection, such as gastro-intestinal disturbance, tuberculosis, etc., so that the infant is cachectic and the tumor increases in size and shows no tendency toward cure. 3. From the beginning the disease is accompanied by grave general disturbance, leading finally to death. Histologically the tumor is a papilloma, formed by hypertrophy and hyperplasia of the mucosa, principally of the papillary layer. If ulceration occur, the surface is infiltrated with small cells separated in places by a fibrillary network of fibrin.

Pre-natal Infection in Diseases of Infancy.—EDWARD P. DAVIS (*Archives of Pediatrics*, September, 1897, p. 641) presents an important study of a class of cases of obscure infection in the first few weeks of life, the characteristic of which is a disorganized state of the blood manifested by